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CASES WITH ACCIDENTAL AND RARE COMPLICATIONS.

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cian to St. Mary's Hospital, etc., etc.

Bronchitis—Sudden Bursting of an Old Abscess into the Peritoneal Cavity—Acute Gastritis and Tubercular Meningitis—Simple Basilar Meningitis.

There are certain cases in every physician's practice which should invariably be put on record; cases comparatively common and inconsiderable, in which, though suddenly, an unforeseen complication arises that utterly alters our prognosis and ends the patient's life, which the original complaint did not threaten at all. Again, there are cases where a never-thought-of complication effaces the picture of the main disease and makes the diagnosis very difficult; cases where the diagnosis would be of the utmost importance on account of the prognosis. We all know how frequently the latter is most anxiously awaited. Instances like those mentioned teach us, more than any other, to be careful in our utterances, and to always and ever remember that it is safer to add—in even mild and apparently simple cases—that "if" which will leave us a loophole by which to escape ridicule, to which in such instances we would otherwise be exposed, especially among the ignorant and from too selfish colleagues. They further remind us not to be hasty in our judgment when we are requested to make a diagnosis in a case which before us had been attended by a medical

confère. The group of symptoms may have been totally different when the latter saw the case, and a mistake that our professional brother apparently made may be more to his credit than our seemingly correct diagnosis is to us.

Thoughts like these occurred to me when I looked, some days ago, over my record of cases and saw those instances again where such remarkable complications had confused and at first misled me. The more we see and read such cases the more careful we become; and it is in this animus that I intend putting on record such observations of mine as belong to the kinds just indicated.

Mrs. B., 37 years of age, mother of seven children, of healthy parentage and without any taint of the system, had for several years been occasionally attended by me for a rather severe bronchitis, a simple affair always in the beginning, but increased by the very careless patient to a rather severe form. When affected by a slight cold, and when perspiring, perhaps freely, in consequence of the action of some diaphoretic house remedy, she would suddenly, in the night, leave her bed and go barefooted into the yard, to walk there for a little time on the damp or even wet bricks, to "get cooled off somewhat." Some hours later a most active bronchitis would develop, and generally, on account of the accompanying dyspnea, I would be sent for. A somewhat similar history I elicited almost each time. The bronchitis, though, was always far from being dangerous, and as she had the good sense to follow minutely the directions of the physician, as long as he visited her, she generally got well within about a week. But each time she, as well as her

husband, were afraid she would die, and they both always doubted for a day or two my assurance that such would be by no means the case, if (my usual addition to every favorable prognosis) nothing unforeseen should happen. I have now to remark that some time before I became physician of the family another M.D. had attended Mrs. B. for some uterine complaint, the precise nature of which I never had been able to find out. She had then suffered very much pain above and to the right of the symphysis, been very feverish, and laid up in bed for about three weeks. Leucorrhœa existed at present in a mild degree, and whenever a change of weather threatened, or near the approach of her monthly period, Mrs. B. would complain about all kinds of vague pains somewhere in her abdomen. These were never confined to any particular place, and would disappear again of themselves. She refused an examination, and a midwife delivered her about every two years. Parturition seemed always to be normal.

September 10th, 1878, I was called to see her, and found her suffering, as usual, from a rather severe catarrhal bronchitis. Again the history of repeated exposure to cold was given. Temperature, 101°, pulse 96, number of respirations 34, skin hot and dry. There were all the symptoms and physical signs of the malady mentioned. The urine contained no albumen. Pain was only felt under the sternum, and there only when coughing. I ordered her—

R. Antimonii et potassii tart., gr. ij
 Spiritus mindereri, f. ʒ iv
 Tinct. veratri viridis, f. ʒ ss
 Spiritus ætheris nitrosi, f. ʒ j
 Syrup. simplicis, q.s. ad f. ʒ vj. M.
 Sig.—f. ʒ ss quâque 2da horâ.

30 dry cups over the chest, to stay in bed and to have a mild, unirritating diet. I assured the patient and her husband that there was not the slightest danger to life, "if," etc. September 14th, the patient was so much improved that—the inflammation having subsided—I told her to omit the mixture and take the following instead:—

R. Ammonii muriatis, f. ʒ vj
 Mist. glycyrrhizæ comp. f. ʒ iv
 Syrup. pruni Virginianæ, f. ʒ ij. M.
 Filtra.

Sig.—ʒ ij quâque 3da horâ,

and gave her besides pulv. doveri, gr. x, at night.

The next day she was still better; but complained about a little pain in the hypogastric region.

September 16th. I was sent for at nine A.M.

I found her temperature, which the first day had been 101, and then became normal, now to be 105°. She suffered from severe pain in the middle of the lower part of the abdomen, and this pain was increased on the slightest pressure. She had not been able to sleep during the night. Notwithstanding that the patient told me that she often had similar pains before her menses appeared, and that she expected the latter, I had my misgivings. I now examined her sexual organs, and could detect only unusual heat of the parts, and at no place any tenderness. Percussion over and inspection of the abdomen revealed nowhere anything wrong. The patient had experienced some chilly sensations ere the high temperature set in, but no rigor. The urinary functions were normally performed; the abdomen was not swollen, there existed no fullness in the right iliac fossa, and the tenderness was diffused over the whole lower part of the abdomen. Suspending the treatment the patient was under, I ordered twelve leeches to be applied to the tender region, twenty grains of quinia and one grain of morphia to be taken at once, quiniæ sulph., gr. ij, and morph. sulphat., gr. ss, to be given ever three hours, and to notify me directly of any change toward worse that might take place. I called again near five P.M., when the patient told me that soon after the application of the leeches her menses had appeared, and that she was now and since then free from pain. All tenderness had vanished, the temperature was 100°, the bowels had moved once and the urine passed as usually. The abdomen revealed nothing wrong.

The next day, September 17th, Mrs. B. was feeling quite well, but had again not been able to sleep during the night; temperature 100°, pulse 112, soft and compressible, no pain, no tenderness, no swelling of the abdomen; the menses ran their normal course, and the cough had disappeared. I ordered the powders to be given only three times a day, and prescribed a chloral mixture, dose twenty grains, to be taken at night. Next morning at 7 A.M. I was sent for and found the patient dying. Directly after the dose of the chloral, as the husband told me, she had become restless and complained again of severe pain in the abdomen. Toward morning she had a rigor, after which high fever set in; then, suddenly, when they wanted to send for me, all pain ceased and she began to feel very comfortable. Half an hour before my arrival her countenance had changed rapidly, and it was this appearance of the hippocratic face that urged them to call the physician.

Her husband, whom I had told in the beginning, but not without my usual "if," that there was no danger to life, whom I had assured that I was reasonably certain that the patient would sleep after the chloral dose, but who had observed, instead of this effect, the setting-in of great restlessness and severe pain, followed later by all the symptoms of the fatal collapse, went to the apothecary, asked for a copy of my prescription, and put the chloral solution carefully away, evidently in the earnest conviction that I had killed his wife by the sleeping draught, and full of revenge and desire to collect all the parts and links of the chain of evidence necessary to hang me. But all this he did not communicate to me. When he, therefore, accompanied by his brother, came to me for the certificate of death (perhaps useful too, as a link) I refused the same; told him that I knew very well the foolish suspicion he had; that I was willing, any evening when I had nothing else to do than to sleep, to swallow in his presence a dose of the medicine (after having convinced myself that no other drug had been added to it); but that I had now to insist on a post-mortem examination, to prove beyond the shadow of a doubt that the patient had died of what I suspected. And then I explained to him that, according to my belief, the patient, when attended, some four or five years before, by another physician (as mentioned in the beginning of this report), had been affected with inflammation of the pelvic cellular tissue; that at that time an abscess had formed, but not been opened; that this abscess later became incapacitated; that at her last illness, when in consequence of the near approach of the menses the parts in the pelvis were more or less plethoric, inflammation, sympathetic with the bronchitis, or due to the same causes as the latter, started in the tissues dividing the abscess from the peritoneal cavity, and that at last the former burst into the latter, and so produced death. I observed on the countenance of the worthy gentlemen a somewhat incredulous expression, but did not care about their opinion then, as I felt reasonably sure that, taking all in all, something of the nature of the above must have happened, to produce the fatal end. I further requested the gentlemen to name any regular physician whom they might wish to witness the post-mortem, and this they did. The dissection was made in the most skillful manner by my friends, Drs. William A. Johnston and Jos. H. Lopez, and at my solicitation Prof. J. M. DaCosta kindly consented to give, by his presence, the affair that authority which his name necessarily carried along. Well,

to be brief, the autopsy revealed exactly what I had explained before. There were traces of an old extensive inflammation; the right kidney was bound down by adhesions, and in the right iliac fossa, just below the processus vermiformis of the cæcum, the peritoneum and the pelvic cellular tissue were all found thickened and surrounding a cavity, which extended backward and was about the size of a hen's egg; it contained some gray-greenish pus, and the same fluid was found in the peritoneal cavity. The opening through which the abscess had burst was large enough to admit the little finger. The whole lower half of the peritoneum was congested, but the time had evidently been too short to start inflammation with exudation. Prof. Da Costa kindly congratulated me on the correctness of a diagnosis which he considered to have been, under the circumstances, a rather difficult one; and Mr. B., gave up all suspicions of poisoning.

In this case the abscess was too small and too deeply seated to produce dullness on percussion, and its horizontal position prevented its discovery by a digital examination through the vagina. Then the abscess did not form while I attended the patient, and there were no signs of peritonitis, the tenderness alone excepted, and the latter did not continue. My suspicions would have been, perhaps, earlier aroused, had not the symptoms nearly all vanished after the application of the leeches and with the appearance of the menses. Further, the statement of the patient, that she had been frequently subjected to such pains shortly before her courses came on, misled me. The only sign which made me feel uneasy was the temperature of 105°, and I have often, before and since this case, observed, that if in a disease not connected with abdominal lesions, or in a previously healthy individual, there appears suddenly such a high temperature, with tenderness, pain, and other suspicious symptoms in the abdominal region, these signs, even if existing only temporarily, are always of bad augury, always brood evil, and mostly threaten the presence of pus in the peritoneal cavity, even if the so-called characteristic symptoms of peritonitis should be absent.

Several months ago my friend, Dr. Jos. H. Lopez, a most careful observer and very skillful and cautious diagnostician, called me in consultation, in the case of a boy of about six years. The history, to elicit which was, on account of the remarkable stupidity of the parents and other nursing attendants, perhaps the most difficult task the doctor or I ever had to perform, presented the following facts:—

The child one day complained about pain in the epigastric region, and vomited, since that time, as soon as anything was taken into the stomach. The pain was very severe and constant, apparently, though aggravated in paroxysms every five, ten, twenty minutes, or at longer intervals, therefore very irregularly, and there existed the most exquisite tenderness over the region of the stomach. The tongue was very red, especially at the edges, the pulse rapid but not irregular, the fever moderate. After the child, which had an unquenchable thirst for water, had been suffering this way for about a week, it became very restless and could not sleep at night. The bowels were sluggish. With a great deal of trouble Dr. Lopez found out at last that the child had swallowed a needle two days before the appearance of the symptoms mentioned, and as there seemed to be a circumscribed spot of greatest tenderness near the pyloric orifice, he made the diagnosis of gastritis, —rather local than general in character—and due to the presence of the unfortunately situated foreign body. It looked as if the needle might suppurate out, and as the child by no means made the impression of being dangerously ill, Dr. Lopez expressed himself favorably about the case, but added an "if." After the child had been sick eleven days, and while all the symptoms, notwithstanding appropriate treatment, continued unabated, an epileptoid convulsion set in, and from that time the child had almost every day one or two or more fits. Fever and pulse became irregular, the vomiting and the local tenderness continued, and the bowels were now decidedly constipated. Although there was an absence of a tubercular history Dr. Lopez felt justified in making the diagnosis of tubercular meningitis, or at least meningitis at the base, complicated by the accidental partial gastritis, the latter due to the foreign body, and expressed his new prognosis accordingly. It was then that I saw the case with him. The child would only vomit when anything was taken into the stomach. The abdomen was not retracted, there was no squinting, no local paralysis, nor any other motor or sensory disturbance besides the convulsions. Under treatment the local pain and tenderness seemed to leave gradually, vomiting did not take place so frequently (as mostly in the latter stages of tubercular meningitis), but the convulsions and the irregular pulse and fever continued, and the child became delirious at night. About a week later, therefore, four weeks after the commencement of the disease, the child died. On account of

the disagreeable circumstances surrounding the case, as the bad manners of the parents, etc., Dr. Lopez and I withdrew from it six days prior to death; then the pain and local tenderness had totally disappeared. Another physician was called in, who, without further inquiry, ridiculed the idea of stomach disease, and said that it was a plain case of tubercular meningitis, and the child would die. Certainly his diagnosis was correct, but he had not seen the child when suffering from the severe pain and the extreme local tenderness in the epigastric region, and had not thought it worth while to inquire into the history of the case. The post-mortem showed softening of the base of the brain, some effusion there, an occasional patch of lymph, decidedly increased amount of fluid in the ventricles, and serous effusion between the convolutions. Directly across the inner border of the pyloric orifice stuck a rusty needle, covered with lymph, with its point toward the abdominal wall, and the eye imbedded in the submucous tissue of the pyloric end of the larger curvature. The mucous membrane and parts below were inflamed and swollen for about an inch around.

This case belongs to the second class mentioned in the beginning of this article. A physician seeing the case in the first week only, was warranted in making the diagnosis of acute gastritis, although his suspicions should have been somewhat aroused because no treatment seemed to be of any avail, nothing would relieve the vomiting, while in a common case of gastritis not severer than this was the vomiting can always, after a number of days, at least to some extent, be stopped. That it was no case of local hyperæsthesia in brain lesions was proved by the fact that the tenderness was increased with deeper pressure. The first convulsion was not decisive, as it may have been due to reflex irritation, but as soon as the second appeared and the pulse became irregular the diagnosis of the severer malady was clear enough; especially the last symptom, on which DaCosta lays so much stress, is of the greatest value. I remember several cases where this symptom alone enabled me to make a correct diagnosis, and I have to see the first case in a child yet, where early, and while apparently there seemed to be no special danger to life, an irregular pulse marked its appearance, that the illness later did not develop itself as that fearful malady against which we are so powerless. I hold firmly the opinion that there exists in children two forms of basilar meningitis, and that the one occasionally ends in

recovery. Leaving out acute meningitis following an injury, we have in children one basilar meningitis, which is only seen in connection with a tubercular diathesis and where tubercles are found after death in several organs, and in the cerebro-spinal system, especially at the base of the brain—tubercular meningitis, and another, which has no connection with any cachexia, but which is always a complication of a pre-existing disease—simple basilar meningitis, often appearing after whooping cough, typhoid fever, measles, etc., frequently described as congestion; but showing all the elements of inflammation. The tubercular variety, too, follows often after these diseases. The morbid anatomy is the same in both complaints, except that in the simple form no tubercles are found anywhere in the body; and—if this difference really exists—the amount of effusion, especially in the ventricles, is greater, and lymph rarer, than in the tubercular variety. The symptoms also show a slight difference in the simple form: there is not so rapid and neither so much wasting, the vomiting is more constant and stubborn, and the convulsions come earlier and are more frequent. Further: there being no tubercular affection of other organs there are no symptoms to that effect. Sometimes the disease runs a very latent course, and its only symptoms are a few convulsions and restlessness, after which, in a day or two, death ensues. It is always a shorter disease than tubercular meningitis, with which it shares the irregular pulse and fever. I have made three times a post-mortem in such cases, and the most careful research failed to show any tubercular deposit. In one of these, which I saw with Dr. Fricke, there had been no constipation. One case, which could have been called a typical one had the pulse been irregular, but which gave every other symptom of the disease, got well under the administration of large doses of iodide of potassium and the application of a large blister over the head. The child was three years old, and in the sixth day of measles, when squinting, vomiting, and convulsions set in. These symptoms continued for four days, during which the child had taken ten grains of iodide of potassium four times daily and fifteen grains of bromide of sodium, three times daily. On the morning of the fourth day the child had a very mild convulsion, squinting could be observed still, but in a less degree, and the head was moved restlessly from side to side. I then applied a large blister, and while, about seven hours later, the epidermis was raising, the child fell into a quiet sleep, out of

which it awoke a convalescent. The case ended in total recovery.

(To be continued.)

DISLOCATION OF THE RADIUS AND ULNA BACKWARD, WITH FRACTURE OF THE CORONOID AND OLECRANON PROCESSES—UNREDUCED UNTIL EIGHT WEEKS AFTER THE ACCIDENT—GOOD RESULTS OBTAINED.

BY W. H. DALY, M.D.,

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Read before the Allegheny County Medical Society, and patient presented.

The patient which I will have the opportunity of presenting to you directly was treated by a respectable member of the profession of this city (not, however, a member of this Society), as a case of fracture of the forearm. There need be no hesitancy about discussing or examining the case, or giving opinions, as I exacted a promise from the patient that there would be no suit for malpractice growing out of it in any way toward my predecessor, who is really, to a great extent, excused by the patient, owing to the great tumefaction which existed before he was called to see the case.

That a Colles fracture existed, though possibly unrecognized, yet, in itself, rather well treated, at least with fair results, is evident to you upon the most casual inspection of the forearm:

That a fracture of the olecranon also existed is well attested by the angular and fibrous union of this process, which can be seen at a glance.

That there was a backward dislocation of the radius and ulna you will infer from the history of the case.

That there was, in addition to this, a fracture of the coronoid process of the ulna you must trust largely to the diagnostic evidence of Dr. W. Wallace and myself, though there still remains evidence of fibrous union of this process below, upon the shaft of the ulna, by careful inspection of the parts.

I bring this case before the Society as an instance of how the swelling and pain in a dislocated and fractured limb of a nervous patient may prevent a, to say the least, not over-careful surgeon from making a thorough examination, and lead to results, if not disastrous to the patient, at least discreditable to surgical art.

We also observe that this very case teaches us the valuable lesson, that when patients will not permit the thorough examination of an injured

limb, then an anæsthetic should invariably be used, in order to arrive at the character and extent of the injuries sustained.

This patient was, as I have said, treated for eight weeks for a fracture of the forearm, and had, as present deformity shows, a Colles fracture of the radius. No passive motion was made use of during treatment, and no attention directed to the elbow, where the injury seems to have been, unsuspected, until the splints were removed, and the patient about to be dismissed. The opinion was then given by the medical attendant that the arm would forever remain useless, unless broken over again. To this the patient's objections were offered, as well as those of the husband, and a wish expressed to seek other advice upon the case, which was agreed to.

The patient, aged 60 years, was brought to my office by her husband; on the first day of May, 1879, and gave, substantially, this history: "That on March 4th, last, about fifty-eight days before, she had sustained a fall upon the icy pavement, when turning a corner of the street; in this fall, as near as she could remember, the weight of her body was thrown upon the palm of the left hand, her head also sustained, on the same side, an injury in falling, and she was picked up insensible. The pain and swelling were great, causing much loss of sleep throughout the subsequent eight weeks, and the swelling came on quickly, and extended to near the shoulder, and was still present to the extent of showing the arm nearly twice the circumference of the other, at the time I first saw her. She did not know what her injuries consisted of, but said the fracture had been located at a point which she herself re-indicated to me, about the junction of the middle and lower third of the forearm.

An examination being quite impossible, from the extreme nervousness of the woman and the painfulness of the arm, which was unable to sustain its own weight, and which was ankylosed in every joint below the shoulder, I advised the patient to go home, after making an appointment to see and examine the case on the following day.

This I did, assisted by my friend, Dr. Wm. Wallace, who placed the patient fully under the influence of an anæsthetic. The elbow was fixed, by ankylosis, at an angle of about 45°, and capable of only very slight motion in the direction of a right angle; all other motion in any of the joints was destroyed by inflammatory ankylosis.

Above the olecranon process, which had been broken, but was re-united in an angular direction by tendinous union, there was a depression, or fossa, very apparent, and which revealed the fact that the lower or trochlear end of the humerus was resting forward of the greater sigmoid cavity of the ulna, and also upon the neck of the radius, a distance three-fourths of an inch in front of its proper place.

The fractured coronoid process could be felt in the bend of the elbow on motion of the arm; it was embedded among the fibres of the brachialis anticus muscle, and the fragment was distinctly movable; there was much extravasation of blood here.

By rather powerful brisement force the adhesions were broken up, and the lower end of the humerus placed in its position in the greater sigmoid cavity of the ulna, care being taken, in this, not to break the tendinous union—as you will see here it is united at an obtuse angle—of the olecranon, as the manifest need for dressing the arm in a flexed position was held in view, in order to get union of the coronoid process as near to its proper seat as possible.

The difficulty in restoring the bones was not great, but when the restoring force was removed the deformity returned.

With the aid of a compress in the bend of the elbow, over the anterior surface of the lower end of the humerus, and padded angular splints, antero posteriorly, the retentive dressing was completed.

In twenty-four hours the swelling was enormous, and the patient bewailed having allowed any further infliction of surgeons and surgery. Leeches, flaxseed poultices and hot rye flour in loose bags, were resorted to to meet the emergencies of inflammatory action, for, following the reduction of the dislocation and fracture, I had done a general breaking up of the ankylosis in every joint, down to the last phalanx.

The dressings were not removed, but the bandages merely slit up, to relieve the tension from swelling, until the end of forty hours, when the pain became so unendurable and swelling so great that I deemed it advisable to remove all dressings, and trust to the infiltration of inflammatory products about the joint to prevent a recurrence of the dislocation of the elbow. Placing the arm on a pillow in an easy position it was enveloped in poultices, and in twelve days after the reduction passive motion was carefully resorted to and persistently kept up. At the end of three weeks the patient drank a glass of water from the hand of the injured arm, which it is not

an exaggeration to say was before entirely useless for all purposes whatsoever, even for sustaining its own weight.

The ankylosis in the fingers was rendered more difficult to overcome, from the fact that there was, and is still, rheumatic enlargement of these joints, and too active motion was apt to be followed by severe rheumatic inflammation in them.

It will be seen that the olecranon process is fractured near its base, and that there was not more displacement is due to the fact that the fascia and periosteum has a retentive power at this point, which is not so available when the fracture is nearer the extremity of the process.

In this accident I have no doubt that the force sustained by falling upon the hand was transmitted through the bones of the forearm, in their line of axis to the elbow, and this momentary force of the superincumbent weight of the body fractured the radius and coronoid process of the ulna first, and the olecranon process was secondarily broken by the opposing action of the triceps, which is inserted into it, or by its being thrown forward suddenly into the fossa of the humerus.

In looking up the literature of fractures of the coronoid process, I find it is an extremely rare injury.

Bryant gives, in his work, a case of fracture of the coronoid process of the ulna. He calls it an uncommon form of accident. He mentions a case as a fracture of the coronoid process of the ulna, with fracture of the head of the radius. He also speaks of fracture of the coronoid process with or without dislocation of the ulna backward, as being extremely rare.

Hamilton speaks of the fracture of the coronoid process as being rare; also, as having only seen seven cases of fracture of the olecranon, in all his experience.

None of the records of these two surgeons and careful observers show a similar case to the one I now exhibit to the Society, combining, as it does, two fractures of the ulna, involving the joint, viz: that of the coronoid process and the olecranon process, with posterior dislocation of the radius and ulna, and Colles fracture. The range of motion, as you see in this arm, is now quite sufficient for ordinary practical purposes; the hand joints are yet a little stiff; the muscles, however, had undergone a fatty degeneration, and did not, at first, perform the slightest contraction under a strong Faradaic current, indeed, one of such a strength as could not now be borne at all. You perceive that the contraction of the flexors is now distinct, up to near the elbow.

The treatment is now chiefly the mild, interrupted or induced current of electricity, for the flexors are now mainly out of tone, and the use of rather forcible action of the joints, and encouragement to the patient in using the arm and hand herself. The result is, altogether, a hand and arm with which the patient is quite well enabled to perform any office for herself that can be performed with the other or sound hand and arm, with a somewhat slightly less radius of motion in the elbow joint.

HOSPITAL REPORTS.

LOUISVILLE CITY HOSPITAL.

CLINIC OF M. F. COOMES, M.D.,

Professor of Physiology and Ophthalmology in the Kentucky School of Medicine.

REPORTED BY A. H. KELCH.

Syphilitic Ptosis.

Most of you will remember having seen this patient on a previous occasion, when both eyes were closed, and the woman was almost unable to speak. You will remember she had almost complete paralysis of all the recti muscles of both eyes, and that there was a little—just a small amount of—mobility of the external rectus muscle of each eye. You observe now she has the left eye wide open, and you perceive she has some motion internally and externally, hence she has considerable power in both internal and external rectus of this left eye.

How old are you? "Twenty-seven."

You see she speaks very clearly. You notice, too, she has improved in her general appearance. She was cadaverous, but now she has a good color, and so far as flesh is concerned she is about as fleshy as she has ever been.

Now, gentlemen, this is an illustrative case. It illustrates the beautiful results of iodide of potassium, of which she is now taking ninety grains per diem. If you remember, I remarked, when I presented her before, that "with her it was iodide of potassium or death." If she was able to take the iodide she would get well probably, that she would be relieved of her paralysis and ptosis, and possibly be restored to her speech. Well, the paralysis is partially relieved, her speech has been restored completely, and I believe that under the continued use of this remedy the ptosis may entirely disappear from the right eye, and that she will finally gain as good control over the right as over the left eye.

CASE 2.—Here is a man, a blacksmith, thirty-two years of age, who contracted venereal disease eighteen years ago. Ten days ago his eyes began to get sore, the first evidence being the sensation of a foreign body under the upper lid, near the outer canthus. This is one of the characteristic symptoms of iritis. There is a sharp cutting pain in the eyeball, over the eye, and in the temple. The vision is also impaired. * *

You have heard the history and you see it is

a clear case of syphilitic iritis. He also tells us he has suffered from supra-orbital neuralgia, and in cases of iritis, from whatever cause, you always have that severe supra-orbital pain, and sometimes it is most intense and keeps the individual from sleeping day and night, until he is perfectly exhausted. Now if you were to make an ocular inspection of the eye you would find a material difference in the color of the iris of the affected and unaffected organ. This man has a rather gray-blue eye; the diseased iris gives you a greenish muddy cast. You see there is no oedema of the conjunctiva, simply a redness and congestion. When I saw this man last Monday the pupil was contracted. I ordered him a two-grain solution of the sulphate of atropia and the pupil is now dilated, but it is unequally dilated. The dilatation is incomplete above and below, owing to adhesions between the posterior surface of the iris and the anterior capsule of the lens. He has posterior synechia above and below in the vertical meridian.

Thus far you have the subjective and objective symptoms of the case, with one exception. If you were to examine this man's eye with the ophthalmoscope you would very likely get an imperfect image of the disc and fundus, because of the turbidity of the aqueous humor and because of the great amount of congestion in the retina and choroid. You know the iris is simply a continuation of the uveal tract, which is composed of choroid, ciliary body and iris.

Now, as to the characteristics of syphilitic iritis. When it presents itself in a typical manner it is distinguishable from all other forms of iritis. In all forms you have a change in the color of the structure inflamed. If you see a case in its incipency, let it be rheumatic, traumatic, or syphilitic, you will find a contracted pupil, with intolerance of light. The pupil, if the case be of syphilitic origin, may be surrounded by little, gray, yellowish-looking nodules, sometimes four or five, surrounding the margin sufficiently to block up the entire opening. Now, whenever you have that condition you may rest assured, no matter how much you may wish to disbelieve it, that it is a case of syphilitic iritis. That is the one point, and the only one, outside of the history, that will enable you to determine whether it is due to rheumatism, syphilis, or some other cause.

Now, as to the treatment of cases of syphilitic iritis. There is one prime object to be kept in view, and that is to prevent adhesions between the lens and the iris, or between the iris and the cornea, because if you allow it to remain contracted it is absolutely certain, in syphilitic iritis, that you will have adhesions, possibly in forty-eight hours. When once the adhesion is permanently formed, the patient will always be liable to subsequent attacks of iritis. Then the prime object is to keep the pupil well dilated.

As to the agents to be employed, atropia is the best. If you simply want to dilate the pupil, a weak solution should be used, but in syphilitic iritis you want, not only to keep the pupil dilated, but you desire, as well, to relieve the pain; then it is best to order a solution of four grains to the ounce of water, and add two grains of morphia, to be used until the pain is relieved, or

atropinism produced. I have seen atropinism produced in four hours by a single drop of the solution of only $\frac{1}{2}$ grain to the ounce of water. The subject was an infant, about ten months old. If the pain is not relieved by atropine and morphia you may blister the brow. If it is confined to one side you may blister the whole side of the forehead down to the external canthus, or paint with iodine every few hours until you produce redness or excoriation of the surface. For the constitutional treatment there is but one agent, and that is the iodide of potassium. Give it until the pain is relieved, or until you get iodinism.

Most of the books recommend mercury. I am not an advocate of its use in this particular form of disease. I wish to say that while iodide of potassium possesses the most wonderful power over specific iritis, yet it may be developed while the patient is under its influence. I have seen it occur in this house, in the case of a female who was taking moderate doses. I doubled and tripled the dose in forty-eight hours, and as the symptoms of iodinism developed the disease abated in that eye. The iodide was continued in thirty-grain doses, and in five or six days the second eye began to be inflamed, but it was much milder than in the opposite eye.

CASE 3.—Fannie H., age 26. This patient's specific history dates back six years. Three weeks since her throat became ulcerated. Five years ago she was affected in the same way. At this time it is a grave case of specific pharyngitis, involving the left half of the soft palate. Some of you will remember having seen this case a week ago, when the inflammation was at its acme. These cases are sometimes developed very rapidly. One of the first manifestations in cases of this kind is a blush on the anterior surface of both sides of the soft palate—in this instance it was only on one side. This usually lasts eight or ten days, and then it becomes white or presents an ashen hue. If allowed to continue it may remain in this condition for weeks without any enlargement whatever. In other instances it may very suddenly become violently inflamed and slough out, as in this case. Just how much damage may be done it is difficult to say. But as a rule, when saturated with iodide of potassium the disease ceases its progress in eight or ten days. It is not always, however, we get such results. Here is another woman who some three years ago had an attack which was almost identical in its initial lesion with this, and in spite of all I could do, aided by my assistants and colleagues, it went on, sloughed entirely through the soft parts and almost cut the uvula off. This was all done in the course of ten days, notwithstanding she was saturated with iodide of potassium. She had good diet. She had all apparently that was demanded, and yet it went on and resulted as I have just stated. As a result of such inflammation you may have the whole palate cut off, destroyed, and, of course, if that happens the voice must be impaired. In addition to that it may extend up to the pharynx, make its way into the Eustachian tube, and by the contraction which will result from cicatrization lead to permanent and almost total deafness. It is a very rare thing to find

syphilis invading the posterior wall of the pharynx. I think I have not seen more than six or eight cases in my experience, and it is an absolute fact that an ulcer of the posterior wall of the pharynx means one of three things. It means it is syphilitic in its origin ninety-nine times in a hundred. It means that the individual has received an injury, or that it is a cancerous manifestation. I have never seen an ulcer on the posterior wall of the pharynx that was not the result of either syphilis, cancer, or trauma. How long may a patient suffer from syphilis before these symptoms present themselves? Here is a case where it has been six years. I have seen a case where it was fifteen years from the time of the initial lesion until these local manifestations appeared. So it seems as if there were no limit to the time at which the disease may appear in this particular locality. It is impossible to say what structures may become involved. We have cases occurring every day, in which not only the walls of the pharynx but those of the nose and larynx are all invaded in the same patient, but as a rule you find the disease confined to the nose if it first appears there. If it is first manifested in the pharynx it does not usually extend to the nose, but is more likely to invade the larynx. But you may find the nose, pharynx and larynx involved at the same time.

Syphilitic Ozena.

I want to present these four cases together, that you may see the peculiar physiognomy of each individual. This woman's nose has been sore for a month. You observe how the upper third of it is swollen. She complains of constant headache; she cannot smell anything. She has complete anosmia. Her sense of taste is perfect, but it frequently happens that the sense of taste is much impaired. There is an unpleasant odor emitted from the nose, which in syphilitic ozena may or may not be detected by the patients themselves. This is an important point, because it tells us that a portion of the olfactory region, if not all of it, is still uninvaded. The olfactory portion, you know, is that part of the membrane covering the superior and half of the middle turbinated bones and the upper half of the septum. On the other hand, if the patient is unable to smell the odor, or after you have cleansed it of all decomposing material, to perceive an odor of any kind, you arrive at the conclusion that the whole membrane lining the cavities of the nose is in a diseased condition, or at least that part of it to which the olfactory nerves are distributed.

Here is a man who, you will perceive at a glance, is deficient about the nose. You see he has a flat face, a condition which any one would present with the bones of the nose absent. This man contracted syphilis eleven years ago. His nose became involved twenty months ago. Several weeks afterward the right side of the pharynx became involved and there was a considerable slough. The disease has gone on from bad to worse until it has destroyed all the bones of the nose. The turbinated and the vomer have been entirely removed. His sense of smell is completely destroyed.

This third man's nose presents, you see, nearly

a normal condition, so far as outline is concerned. Three weeks ago it presented a glistening appearance, and it was swollen across the upper part. He says he cannot smell anything but the bad odor in his nose. He denies having had syphilis, but notwithstanding his denial I gave him the iodide. He complained of pain in the nose; there was considerable ulceration and some suppuration. Two weeks ago two of the turbinated bones were removed.

Now, I do not know of anything that produces death of the bones of the nose, aside from traumatic injuries, but syphilis. Polyp, if allowed to grow, may produce such a result, but that I regard as a traumatic cause. In ninety-nine cases out of one hundred you will find syphilitic history if you trace it up carefully. This man is fifty-six years old. You notice that the voice has a peculiar nasal sound. This is said by some observers to be characteristic of nasal catarrh. But I am satisfied if you confine yourself to chronic nasal catarrh you will meet more cases with unimpaired voices than otherwise.

I have noticed that point very closely, and am satisfied of the truth of this assertion. I do not mean to say that the voice is not the least impaired, but an ordinary observer would notice no defect. I saw a boy this morning whose nose is turned to one side, the result of trauma; his voice is entirely changed; he talks through his nose, as the common erroneous expression is, and you might say that boy had catarrh, while really he has none whatever. You may have congenital obstruction of the nasal passages, and then there will be impaired voice. This man has frontal headache, and that is said to be another characteristic of nasal catarrh. This patient has nothing but nasal catarrh, while these others have specific trouble.

As to the treatment, the first and prime object in all cases is cleanliness. What will you clean the nose with? What kind of an instrument will you use? The post-nasal syringe is next best to the atomizer. What solution will you use? Solutions of common salt, of muriate of ammonia, and of bicarbonate of soda. As to strength, you may use from a saturated solution down to ten grains to the ounce of water. Bromide of potassium or muriate of ammonia is an exceedingly painful application when the saturated solution is used, but when reduced to thirty grains to the ounce it is comparatively painless. Care must be exercised as you withdraw the syringe, or you may tear the soft palate. The atomizer, however, is superior to the syringe, and the stream should be directed from it parallel to the floor of the nose. When the fluid has reached the pharynx the patient may draw it back and spit out the secretions with it. This process may be repeated several times, and when you have done with the cleansing agents, soothing or astringent solutions should immediately follow. In those cases characterized by unpleasant odor, a solution of hydrate of chloral is an excellent application. But remember that the prime object is cleanliness. When you have removed all the secretions then you treat the membrane as you would any other mucous membrane in a similar condition.

If you want to drive patients from your office, inject a solution of sulphate of copper, or a strong solution of nitrate of silver. They will derive no benefit from them and will not trouble you again. Weak solutions of carbolic acid combined with chloral or tannic acid produce good results, but the prime object, cleanliness, must not be neglected nor forgotten. After that, soothing astringents will often produce the most satisfactory termination of the disease.

MEDICAL SOCIETIES.

REPORT OF THE COMMITTEE OF THE PHILADELPHIA MEDICO-LEGAL SOCIETY (FORMERLY N. W. MEDICAL).

Medico-Pharmaceutical Abuses.

FELLOW MEMBERS:—In conformity with their duty your Committee now presents the results of its maturer consideration of the medico-pharmaceutical relations between physician and druggist and people, and offer a few hints which, if put into practical operation, your Committee believe, would work as potent correctives of the injuries and disadvantages that we believe are resulting from the broadcast sale of patent and proprietary nostrums by druggists; from prescribing for and treating patients, and unwarrantably renewing and multiplying physicians' prescriptions by druggists; from the increasing and prejudicial introduction of homeopathic specifics, and other irregularities connected with the business systems of medical and pharmaceutical practice.

We desire to first draw attention to some mistakes into which physicians themselves have perhaps unconsciously drifted. In the earlier days of the practice of the healing art, when the professional status of medical men was animated by a higher atmosphere of professional tone and public appreciation, the medical practitioner did not, as in these days, delegate to another class of business men almost the exclusive management of the therapeutics of medical practice. By permitting himself to depend on the druggist more and more, to act in the capacity of his professional aid, the physician has at length realized that the druggist has well-nigh got not only the compounding, but the dispensing lines into his own hands, and is practically driving the medical team for himself.

It is a philosophy of human nature to trust the bridge that carries us safely. By their professional patronizing of druggists, through the latter-day system of prescription writing and sending of patrons to drug stores for all needed remedies, physicians have unconsciously cultivated in most persons, and in all persons to some extent, the habit of greatly relying on the judgment and reliability of druggists for the preparation of remedies for varying phases of ailment; and thus learning to risk the knowledge of the pharmacist, there is developed so much confidence in his discretion and skill, that to a vast degree he, and not the physician, becomes the one consulted for remedies and treatment. Through this

means the importance of the physician wanes, the influence of the druggist augments; the prosperity of the professional man is crippled, the avocation of the apothecary prospers; and nevertheless, to the last, the impaired business of the doctor continues to "boost" both the prestige and bank account of the wide-awake pharmacist.

On locating in a new neighborhood, it is the acknowledgment of druggists that their prospects depend on the aid of physicians who will direct patients to take prescriptions to their stores to be compounded, and thus build up the confidence of the community in the probity and trustworthiness of said druggists. But while the alert druggist finds his functions as a compounder thus advanced by the doctors, is he as careful to protect the professional functions of the doctors whose prescriptions and recommendations have established him in the community? Will not some druggists, after being thus aided to substantial standing in the neighborhood, make constant use of their enlarged opportunities to encroach, little by little, more and more, on the legitimate share of the physician's business? And will not some druggists single out a particular doctor as a favorite, and specially "run him," *sub rosa*, as "the physician who gets nearly all the business"? Through this means, have not many competent and valuable physicians found themselves, like Samson, shorn of their professional strength and legitimate incomes, by the Delilahs of a druggist's preference, or a business intrigue? But whom shall we censure; the druggists who thus employ the opportunities afforded them to enhance their individual advantages, or the physicians who have shortsightedly delegated to druggists these valuable advantages?

Another mistake into which we believe regular physicians have drifted is their practice of charging round fees for professional visits merely, even when there is little occasion for such visits, and prescribing unnecessarily large quantities of expensive drugs. This mistake reacts in treble disadvantage to the regular profession at large: 1st. By building up the business of druggists by depleting the pecuniary means of patients. 2d. By promoting the use of proprietary and patent remedies. 3d. By facilitating the alternative of employing the cheaper sugar-pelleted homeopathist. All cases of disease are not desperate, nor even severe. In many instances recovery is certain and speedy, and very little medicine required. If the physician is called, and he charges two dollars for his visit, prescribes sufficient compounds to cost a dollar more, and anxiously renews his two-dollar visit next morning, to see how the prescriptions have worked, to find the patient quite well, although but a dose or two of his bulk of medicines were swallowed; the logical sequence is that on future occasions of slight ailment the druggist will be applied to for a few cents' worth of syrup of rhubarb, or a twenty-five cent bottle of Quackbosh's Ready Cure will be first tried, or Dr. Infinitesimal with his ready-at-hand attenuations will be called in, at a total expense of one dollar. And whose is the fault?

As a rule, persons who are sick, or have friends ill, concern themselves more about the

fact of their restoration than about the particular "ist" or "athy" of the means of restoration. If regular physicians would hold the balance of influence and patronage that deservedly belong to them, with due forecast of policy they must guard the avenues through which these vital advantages may so easily be dispelled.

Another mistake into which some physicians have drifted is that of having smirched the reputation of the profession with the odium of making dirty compact with unscrupulous druggists for a percentage "divvy" on prescriptions diverted to the stores of the latter and made up at excessive prices; bottles and boxes of unused medicines being needlessly set aside by the astute doctor at successive visits, to be substituted by others no less expensive. The shamelessness of such villainous robbery of confiding patrons is only equaled by the professional impolicy of thus laying broad trains of public disaffection through the narrow purlieus of individual good!

Your committee would next draw attention to some sources of complaints of physicians relative to various customs of druggists that injuriously affect the professional and business functions of the medical practitioner. All will agree that sentiments of kindness and due regard for each other's professional and business province should animate the relations of physician and druggist with each other. Otherwise, under existing usages of treating the sick, the public confidence would be prejudiced and the success of treatment indefinitely impaired. But beyond doubt there are some customs indulged in by various druggists which directly tend to depreciate the confidence and esteem of prescribers. If a physician prescribes a valuable therapeutic like quinine in certain quantities, and the druggist substitutes a less effective alkaloid of bark, he practices a deception on both prescriber and patient that involves a mutual disappointment in results, and robs them both—one of his money, the other of reputation for skill. If, in compounding prescriptions which anticipate standard formulæ, the druggist puts in diluted medications of these instead, both patient and prescriber are again the innocent victims of his unscrupulousness. If, in compounding a prescription, a druggist substitutes a different article for the one prescribed, because the one specified is not in his stock, he practices an arrogant deception wholly at variance with his duties as compounder. If, without being so authorized by the prescriber, the druggist frequently or indefinitely renews prescriptions intended by the physician for temporary employment only, or repeats the use of the prescription by making it up for various persons other than the one for whom it was intended, he assumes an unwarranted responsibility wholly impertinent to the province of his vocation as a responder to the prescribed *dicta* of the physician, who adapted his prescription to the indications of an individual case.

Inasmuch as the abuses of such renewals seriously hazard the physical and moral welfare of patients by continued use of what was designed for but transient employment, the prac-

tice of unauthorized renewals merits the unpromising condemnation of all physicians. There can be no doubt whatever that the opium or morphine, or chloral habit, and also the alcohol habit, have in innumerable instances resulted from these unwarranted renewals of prescriptions by druggists on application of the patient merely. Furthermore, many persons have undoubtedly been permanently injured by overdrawing the system with remedies potent in themselves as correctives of diseased conditions but contra-indicated except where used under the observation of a prudent prescriber.

It is self-evident that, inasmuch as the legitimate business of the druggist is primarily and continuously sustained by the patronage represented through the prescriptions of regular practitioners of medicine, druggists lapse into professional and business malfaisance to the honor of their pharmaceutical alma maters, and especially to the regular practitioners of medicine, if they, the druggists, keep for sale, prescribe, sell, or in any manner act as selling agents for the sale and distribution of quack nostrums, patent and puffed proprietary medicines, or homœopathic specifics of any sort. The injuries to regular practice and the general medical profession that druggists are thus unconsciously working is beyond computation.

As it is the intent of the office of druggist to cooperate with the physician in the dispensing of needed remedies for the treatment of disease, the druggist should perceive that he is guilty of bad faith and business injustice if he intercepts the professional functions of the medical practitioner by prescribing for persons over the counter, or behind the shelter of the prescription case, or recommends and pushes the sale of patent medicines, or in any equivalent manner assumes the office of physician, except as a temporary alternative in pressing emergencies.

It will be perceived at a glance that it is no argument for druggists to affirm that they sell patent nostrums because people call for them, or one sells them or prescribes for persons, because if he don't another druggist will. The wrong of one does not excuse the wrong of another. Was the pushing or sale of patent nostrums the object of the pharmacist's studies and graduation? Who is it that has trained the people to go to drug stores for all the paraphernalia of patent medicine makers? Who is it that is ever putting the endlessness of these stuffs into stock and introducing them to the people for a percentage on sales?

All right-thinking minds will agree that any druggist who takes advantage of his opportunity to prejudice the local field of medical practice by collusion with any certain physician, whether that collusion involves the infamous percentage fraud or not, and makes it his aim to specially divert the medical patronage to the one with whom he is in collusion, both such druggist and the "doctor" he "runs" are wholly unworthy either professional or public confidence, and deserve severest professional and public contempt.

Besides the renewals of prescriptions and prescribing over counters, the pushing of patent medicine almanacs and circulars bearing the

imprint of the druggist's business card under every door and into every house, the constant and alluring display in plate-glass windows, in glittering show cases, and upon marble counters, of an endlessness of quack nostrums that profess, upon highly-colored wrappers, to cure every ailment and infirmity, even after all hope has been given up by the doctors; and the increasing sales of these misleading nostrums to all classes of people, are not only proving great injury to the public, but are telling with no unmistakable effect upon the stamina of medical practice. And unless there is some modification in the injurious current of these abuses, the day must soon come when nearly every physician will be compelled to open a drug store for himself, in self-defence!

In conclusion, what shall be the corrective? The answer has been growing more and more self-evident. Let physicians take back into their own keeping the medical advantages, the professional prestige they have so needlessly delegated to druggists. Seek to draw the considerate attention of druggists to the injurious tendencies of these irregularities. Seek by a comprehensive effort to induce all druggists in Philadelphia to shut down at once, one and all, against the flood-tide of patent nostrums, abandon all unauthorized renewals of physicians' prescriptions, and yield all medical prescribing, in cases of disease, to the proper domain of the medical graduate. Prepare and furnish to each physician a list of all druggists who in good faith adopt this reform in pharmaceutical practice, that physicians may know who are worthy of support, and may throw to the advantage of such druggists the entire weight of professional patronage.

If this form of remedy is unattainable, then let every physician manfully cut the Gordian knot of these abuses, by providing himself with all needed remedials and furnishing patients such medicines as they require. Take a vigorous and determined hold of the lines of their own professional knowledge and influence, and drive their medical teams for themselves.

Nothing short of this, your committee believe, will arrest the pharmaceutical wrongs under which both the regular profession and the public welfare unjustly suffer.

ANNUAL MEETING OF THE RHODE ISLAND MEDICAL SOCIETY.

This Society met on the 9th of June. It was called to order by the President, Dr. E. T. Caswell, at 10.25 A.M.

The records of the last annual and quarterly meetings were read and approved.

The report of the Board of Censors was read by Dr. W. O. Brown.

The following were recommended for Fellows: Charles Value Chapin, M.D., of Providence, graduate of the Bellevue Hospital College; George Lewis Wood, M.D., Anthony, graduate of the University Medical College, New York; Charles Durfee Albrow, M.D., of Portsmouth, graduate of the medical department of the University of the City of New York.

The following were referred, under the rules, to the next meeting: Eugene Pride King, M.D., of Providence, graduate of the Medical College, Philadelphia; Franklin H. Capron, M.D., of Providence, a graduate of the College of Physicians and Surgeons, New York; Edgar Bronson Smith, M.D., of Providence, a graduate of the same institution; George F. Keene, M.D., of this city, a graduate of the medical department of Harvard University.

This report was received and ordered on file.

The report of the trustees of the Fiske fund was read by Dr. C. W. Parsons, Secretary. From this report it appears that the prize for the year 1880, for the best essay on "The Sympathetic Nerve, its Relations to Diseases," was awarded to Charles Value Chapin, of Providence.

For the best essay on either of the following subjects, for the year 1881, a prize of \$150 is offered by the trustees—

1. The action of medicines in the case of disease.

2. Uterine and ovarian diseases as a cause of insanity.

Dr. Chapin was present and was introduced to the members by President Caswell, in a complimentary speech, to which Dr. Chapin responded in a happy vein.

The Secretary, Dr. C. W. Anthony, presented the following report, which was received and ordered to be placed on file.

To the Fellows of the Rhode Island Med. Soc.:

I herewith present my report as Secretary, for the year ending June 9, 1880.

The Society consists of one hundred and seventy-one active members, and twenty-two honorary members.

Ten fellows have been elected since our last annual meeting. Three have died: Sylvanus Clapp, of Pawtucket, S. S. Drury, of Bristol, and Samuel Mowry, of Providence.

There have been held four meetings of the Society during the year, all in Providence.

There have been read before the Society papers by Drs. E. T. Caswell, G. D. Hersey, A. G. Browning, W. E. Anthony, C. H. Leonard, R. F. Noyes.

Diplomas have been issued to Henry C. Hall, Harriet G. Belcher, Isaac B. Cowen, Lucy R. Weaver, James Sullivan.

By the creation of the Library Committee, the duty of collecting exchanges was transferred from the Secretary to the Librarian, and to him all exchanges on hand at the time were transferred.

Respectfully submitted,

W. E. ANTHONY, Secretary.

Dr. Leonard, Treasurer, presented his report, which was received and ordered on file.

The report of the Library Committee was read by Dr. Newell, received and ordered placed on file. The committee had held twelve meetings during the year, and had visited the medical libraries of New York and Boston, to learn the methods and management. The donations and pledges of money and books were very encouraging. The plans of the committee are to secure first, annual contributions to the amount of at least \$600, to meet current expenses. Second, to secure a building fund of at least twenty thousand dollars, to be expended in furnishing a place

for the library and a place for holding the meetings of the Society. Donations and pledges to meet the current expenses, amounting to six hundred dollars, for ten years, had already been received. A conditional pledge of one thousand dollars had been made toward the building fund, and other smaller amounts pledged for the same object.

The Librarian, Dr. G. D. Hersey, in a brief report, stated that there were some eight or nine hundred volumes and pamphlets.

The report of the Dinner Committee was made by Dr. C. H. Leonard, stating that dinner would be provided by Mr. George M. Ardoene, at the Hotel Dorrance.

The report of the Committee on Publication was presented by Dr. W. O. Brown, showing that the cost of printing the Transactions of the Society had been \$90.81. The report was received and placed on file.

Reports of delegates to other societies being next in order, Dr. Chas. O'Leary, of Providence, reported a satisfactory visit to the New Jersey Medical Society.

Dr. Ballou, of Woonsocket also made a report of his visit to the American Medical Association.

Dr. Bullard, of North Attleboro, addressed the Society as a representative of the Massachusetts Medical Society.

Dr. Job Kenyon, of the Committee on Legislative Petitions, reported that the bill for "Protecting Physicians and Surgeons in giving Testimony" had not prevailed in the legislature.

It was voted that the committee be continued.

Dr. Kenyon, from the Committee on the petition to the Legislature for a bill "Regulating the practice of Medicine," reported that it had failed to secure a passage. It was voted that this report be received and placed on file.

The Committee on the Revision of the By-laws, consisting of Drs. Ballou, Garvin and Hersey, were not ready to report, and the committee was continued.

The Society next proceeded to the election of the following officers for the ensuing year. President—Dr. Chas. O'Leary, vice Dr. E. T. Caswell, declined. First Vice President—Dr. Job Kenyon, River Point, vice Dr. Baker, declined. Second Vice President—Dr. O. C. Wiggin, Providence. Recording Secretary—Dr. Virgil O. Haddon, Providence, vice Dr. W. E. Anthony, declined. Corresponding Sect'y—Dr. E. M. Harris, Providence. Treasurer—Dr. C. H. Leonard. Board of Censors—Dr. David King, Dr. Ariel Ballou, Dr. Otis Bullock, Dr. J. H. Eldridge, Dr. J. W. C. Ely, Dr. W. O. Brown, Dr. L. Morton, Dr. L. S. Keene. Publication Committee—Dr. H. G. Miller, Dr. G. B. Hersey, Dr. Virgil O. Haddon, Dr. R. F. Noyes. Library Committee—Drs. T. Newell, H. G. Miller, G. B. Hersey, Geo. W. Porter, O. C. Wiggin. Dinner Committee—Drs. C. H. Leonard and A. G. Brown. Auditing Committee—Drs. T. Newell and C. W. Fabyan.

The following were elected fellows of the Association: Charles Value Chapin, M.D., Providence; Geo. L. Wood, M.D., Anthony, R. I.; Charles Durfee Albrow, M.D., Portsmouth, R. I.

Dr. W. O. Brown, of Providence, read an interesting paper on the subject of "Atmospheric

Influence in the Animal System," which was listened to with marked attention.

The President announced that copies of the report of the State Board of Health were on the table and could be had by the members.

At the conclusion of Dr. Brown's paper a recess of five minutes was taken, after which President Caswell delivered his

ANNUAL ADDRESS.

We give a brief synopsis. After an allusion to his pleasure in being once more permitted to address the Society at its annual meeting, and thanking them for the position of honor, he congratulated the Society on the satisfactory report of its Secretary, and then dwelt at some length on the Society's unavailing efforts to secure the desired legislation in respect to expert testimony, to confidential communications of patients, and in regard to the bill regulating the practice of medicine in this State. As to the latter measure, he said it was not in the interest of any school, but was designed to protect our population from sharpers and performers who seek only pecuniary reward. He could not say whether the failure was due to the fact that the Legislature hesitated to encroach upon the divine right of the people to be humbugged, or because the subject had not been put before the Legislature with as much interest as it should be. Other States had made laws upon these subjects, with beneficial results. The principal topic which he considered was that of the public health as it is cared for by the State. Statistics had established the fact that the death rate in the country was 11 to the thousand, and that the corresponding rate in cities should be 17 to the thousand; but when it reached in cities 25 to 40 in a thousand, there was cause for alarm. His subject, which had a wide scope, was not a plant of modern growth. The earliest known writings were by Hippocrates, four centuries before the Christian era. Roman aqueducts, sewers and baths were sanitary measures, and had succeeding generations followed the examples, the horrors of the plague and the smallpox would doubtless have been averted. The University of Edinburgh was the first to add a chair on this subject. England was foremost on sanitary laws and measures. The Paris sewers were built before this, but sanitary science had found better modes. Sanitary science in this country began with the war of the Rebellion, and Americans may be proud of the kind of scientific work done at that time. Many of the leading scientists on this subject were from the army and navy, and first learned the science in the war. There was now a general knowledge that pure air and water are necessary to health.

If the care of the public health was committed to the State Board, they should know that each death represents twenty cases of sickness. It would be their duty to investigate the various occupations of men, their hours of labor, the dampness of dwellings, the purity of the water we drink and of the air we breathe, the lights we burn, the risk of poison paper on our walls, the fabrics we clothe ourselves in, and the toys that our children play with. They should examine our school rooms, in view of their condition as to health, consider the effect of the hours of study. In considering the causes of accidents

by rail, the ability to perceive colors should be noted. The slaughtering of animals with the least degree of cruelty and with regard to the health of the neighboring population, should be looked to. The public should be educated upon this subject, by the spread of circulars and by appropriate lectures.

The men appointed on such a board should be such as had a thorough interest in the work; men of the needed breadth of education; students of sanitary science; men acquainted with the results of sanitary science elsewhere; physicians, who by their acquirements are fitted for such a position; business men, lawyers and a sanitary engineer. Massachusetts was the first State to establish a Board of Health, and there were now twenty-one States that had established such boards. An interesting account of the work of the Massachusetts Board of Health, and of the results of their labors, was given. The result of sanitary measures in New York city was given also. An account, at some length, of the establishment and work of the National Board of Health, and of the efficient results of its work at Memphis, was presented. Illustrations of the evil results of the neglect of sanitary laws were given, in conclusion, the speaker having held the undivided attention of his audience for nearly an hour. He was heartily applauded at the close.

Dr. Caswell then introduced the new President, Dr. Charles O'Leary, who thanked the Society for the honor conferred on him, paid a deserved compliment to the retiring President, urged continued progress in their profession, and promised, by the assistance and forbearance of the Society, to fulfill the duties of his office to the best of his ability.

It was voted, on motion of Dr. Ballou, "that the thanks of the Rhode Island Medical Society be and hereby are tendered to Dr. E. T. Caswell, for the able and acceptable manner in which he has fulfilled the duties of the office of President."

After dinner Dr. Kenyon called the assembly to order, and congratulated the Society on its excellent condition, gave a brief account of its history, and spoke of its hopeful prospects, and announced as the first toast, "The State of Rhode Island." This was responded to by Hon. Abraham Payne, Gov. Littlefield being absent on official duties. Mr. Payne felt it a pleasure to be present on the occasion, and glad to have been

selected to respond to this sentiment. He had no need, however, to speak for a State which for more than two hundred years had been accustomed to speak for itself. This State was founded in and built upon an idea, and though we had made great progress, we are a long way from holding accurately to this idea. The whole subject of education, of reformatory institutions, the subject of taxation, the purposes for which property may be taxed or exempted from taxation, are to be examined for the future. Whatever is done in this direction must be done by the educated intellect of the State, and this must depend on the three learned professions of medicine, law and theology.

The next sentiment was "Brown University," which was responded to in a happy vein by the President, Dr. Robinson, who, after some complimentary allusions to the Society he was addressing, dwelt at some length upon the need that, in the possible reconstruction of the curriculum of the education course of our colleges, the men who had received a liberal education, and who knew what was best for them, and what had been mistaken in their education, should aid by their advice in respect to this subject.

The third toast was, "The intimate relation existing between the medical profession and the clergy." This was responded to by the Rev. Dr. E. G. Taylor, in his usual happy vein, in which some pleasing illustrations were used, some good advice given, concluding with the thought that as the physician sometimes felt it his duty to shut out the minister from the sick room, it would be well to have the professions overlap, so that the physician could speak the kind word and point his patients to the faith in the invisible, as well as minister to their bodies.

The toast next in order was, "Our Sister Societies," which was to have been responded to by Dr. Bullard, of the Massachusetts Medical Society, but he was not present.

Dr. Garvin, of Lonsdale, spoke to the toast, "The practice of the medical profession tendeth to charity."

Mr. Albert L. Calder spoke as a representative of the Board of Pharmacy of the State.

The chairman thanked the members for the honor conferred upon him, and the exercises were concluded at nearly 5 o'clock.

EDITORIAL DEPARTMENT.

PERISCOPE.

Successful Removal of a Uterine Fibroid with Thomas' Scoop or Spoon.

The following case was reported in the *Ohio Medical Recorder*, for April, 1880, by E. W. Howard, M.D., of Akron, Ohio:—

Mrs. B., aged fifty-two years, the mother of three children, the youngest twenty-six years of

age, had for four or five years been the subject of frequent and severe uterine hemorrhages, so that at times her life had been almost despaired of. During this time she had been under the treatment of a gynecologist, who attributed her flooding to change of life.

In May last, being reduced to the last extremity, she was placed in other hands. Her attendants suspected a uterine fibroid, and upon dilating the mouth of the uterus with sponge

tents, found one of considerable size, of the interstitial and sub-mucous variety, very firmly attached to nearly the whole of the fundus and left side of the uterus. Her physicians decided to remove it with the *ecraseur*, and anesthetized her with ether, believing that in her exsanguine condition, with evident heart trouble, the use of chloroform might prove fatal. But she did not get beyond the stage of excitement, and, as they said, fought like a tiger the whole time, a period of nearly three hours. The *ecraseur* was applied, but when tightened up the chain broke. A silver wire was substituted, and that broke. A silk cord was tried, with the same result. No effect had been produced upon the tumor, and further proceedings were suspended. Her condition was then alarming, a heart clot being feared.

When I saw her I informed her that any further effort, in her condition, would prove fatal, and advised controlling the hemorrhage with *ergot*, and trying to build her up with iron, quinine, and other tonics, and liberal diet, trusting to the turn of life to give more permanent relief. She improved very slowly, and after several weeks was removed to Akron and placed in my charge. The same treatment was continued, but the hemorrhages were renewed. *Ergot* failed to arrest them, and I gave dilute sulphuric acid, which did better. I then gave large doses of *ergot*, with the double purpose of partially extruding the tumor from the uterus and also arresting its growth. It was only partially extruded, but no effect was produced upon its growth. The hemorrhages became more alarming. I could not make the slightest and most careful digital examination without provoking flooding. In this state of affairs I decided to operate at once, but with the gravest apprehensions as to the result, especially fearing the anæsthetic and hemorrhage. Accordingly, on the 28th of October, 1879, assisted by my son, Dr. H. C. Howard, and my friends, Drs. Thomas and L. S. Ebricht, I proceeded to remove the tumor in the following manner: After placing her upon the table, we commenced giving her ether, and soon she became almost unmanageable, and fought as before. Then we gave her the A. C. E. mixture (alcohol, one part; chloroform, two parts; ether, three parts), and in one minute she became perfectly quiet. She was then placed in Sims' position, Sims' speculum used, the tumor grasped with strong *vulsellum* forceps, and Thomas' spoon was gently insinuated between the walls of the uterus and the tumor, when, with a gentle pendulum motion, it was rapidly removed, without the loss of an ounce of blood. It weighed eight ounces. The effect of the chloroform passed off without a single unfavorable symptom, and she was removed from the table and placed comfortably in bed in just sixteen minutes from the time she first went upon the table. She has made a rapid and most satisfactory recovery, without an untoward symptom.

Peptones.

M. Bergeron writes, in *Union Médicale* of June 5th, that he has been experimenting with peptones. He has lately had under his care an ill-nourished child, two years old, the mother of

whom was thirty-five years old, and the father showed undeniable traces of scrofula. When M. Bergeron saw this child for the first time she was confined to bed, exhausted by a fetid and constant diarrhœa. The lower limbs were affected by lymphangitis. The lungs were not affected; but M. Bergeron suspected fatty degeneration of the liver and kidneys. He put the child on an exclusively milk diet. The stools, which still remained frequent, retained a disagreeable smell. The child's weight varied from 9 to 8.9 kilograms (about 19 lbs.) He attempted to stimulate this frail organism by the aid of alcoholics, which sometimes almost intoxicated the child. He then decided to give her peptones, of which she took at first a teaspoonful night and morning, in broth, increasing the dose to four teaspoonfuls a day. She took this nourishment without any difficulty. At the commencement of the trial she weighed 8.90 kilograms; ten days later on she had gained 500 grams. The diarrhœa might be said to be stopped. Ten days later on the weight remained the same. During that time the child had been troubled by the eruption of two molar teeth, and by a slight recurrence of diarrhœa. In another ten days she had gained 600 grams, and then weighed 10 kilograms (22 lbs.) After the first week of this regimen the little patient had left her bed, and her features regained vivacity and expression. In another case, an adult had been bed-ridden for two years, and had been treated for cancer and stricture of the cardia; which, however, Dr. Bergeron believed to be chronic gastritis with dilatation. This patient had considerable depression of strength, continual vomiting of glairy matters, intermittent epigastric pain, retracted abdomen, notable emaciation, obstinate constipation, and eructations. The tongue was normal. Every kind of drug having been tried in vain, Dr. Bergeron gave peptones, in doses of three spoonfuls daily, in the form of an injection, and as many by the mouth. After the tenth dose the patient was able to get up and walk with crutches. The dose was afterward progressively increased, and she was able to walk in the garden, dispensing with the crutches. This form of treatment is still being continued, and M. Bergeron is in hopes of obtaining a complete cure. He was particularly struck, in the use of this regimen, with the consequent renewal of appetite, especially when the peptone was administered in a little broth in the morning before the patient had broken her fast. He believes that peptone should not be considered as a direct peptogen, but rather as a nourishment which, once received into the stomach, is rapidly absorbed, and leaves this organ aroused to the work of digestion without finding any material for the function. M. Bergeron relates another case, of a nervous and anæmic young woman who complained of disgust for food. He tried tonics, bitters, and *nux vomica*, without any result. Quite tired of her incessant complaints, Dr. Bergeron at last advised her to take every morning, fasting, a teaspoonful of peptone in a glass of Malaga, as she could not take beef tea. She commenced the treatment the next day, and in an hour she had an excellent appetite, and expressed herself as being obliged to take something. She was so delighted with the result that

she never failed to take a teaspoonful of peptone in a little Malaga wine an hour before every meal.

New Operation for the Radical Cure of Hydrocele.

Dr. Bernard Bartow describes, in the *Buffalo Medical and Surgical Journal* for July, 1880, the following operation, which he has employed in two cases with the most satisfactory results:—

The operation consists of an incision, from three to four inches in length, in the scrotum—in the centre of the hydrocele tumor—extending through the scrotal subcutaneous tissues until the sac is exposed. The loose connective tissue is then separated from the sac to the extent of about an inch either side of the line of the incision, exposing about one-third the circumference of the tumor; the distended sac protruding into the wound renders this last step very easy of accomplishment. Into the most depending part of the tumor thus exposed a fine trocar and cannula is introduced, and the fluid is drawn off, the entire wound being left to close by granulation. It is intended that air shall not be admitted into the sac; and it is preferable to make the incision with antiseptic precautions, and to continue them during its subsequent treatment. In the two cases where this plan was used, the first was a large hydrocele that had received no previous treatment, the second case being one in which repeated tapping had been performed; both patients were young married men, between thirty and thirty-five years of age. The clinical features following the operation were very similar to those following the injection of the sac with tinct. iodine. In both instances the sac had re-filled by the fourth day. Resorption was complete by the tenth day in Case 1; in Case 2, however, I did not wait for this event to follow, but retapped the sac through the wound, on the sixth day, after which it did not re-fill. The degree of inflammation in the scrotal subcutaneous tissue and sac was quite active in the first case, but the free incision of the operation prevented any tension in the part, and there was no sloughing of scrotal tissue, or any other untoward feature. On this occasion no special antiseptic measures were observed.

In the second case, however, strict antiseptic precautions were employed throughout, with the effect to confine the inflammatory action within very moderate limits.

A Case of Mixed Astigmatism, Supposed to have been Caused by the Sucking of the Eye by an Infant.

The following interesting case is reported in the *Medical Record*, July 10th, 1880, by David Webster, M.D., of New York:—

On May 20th, 1873, Dr. C. R. Agnew was consulted by a lady, thirty-six years of age, on account of impairment of vision of her right eye. The commencement of her trouble dated back about eight years, when she first noticed a straight black line running obliquely across the right visual field. This line soon became crooked, and was broken up into numerous transparent specks. These floating, transparent globules

eventually mostly disappeared, and the eye, after many months, settled down into a condition in which all objects seemed "distorted" and everything was "double lined." "The gas-flame," she observed, "had a halo with radii about it." She has not now, nor has she ever had, any external appearances of inflammation or irritation.

At the time the trouble was ushered in the lady was weaning her babe, and, curiously enough, fell into the habit of allowing the little one to suck her right eye as a substitute for her nipple. She positively affirmed that almost every night for six months she allowed the child to go to sleep resting on her right arm, and with his mouth applied to her right eye. This gave her no pain, and she indulged the child in it, not thinking it would do her any harm. She now believes that the trouble in her eye was induced by the long continued and often repeated suction exerted on the eyeball by the mouth of her child. Examination with the ophthalmoscope reveals nothing abnormal except astigmatism. Without a glass the vision is $\frac{15}{20}$, but is raised to $\frac{20}{20}$ with $-\frac{1}{2}$ c. axis 70° \bigcirc $+\frac{1}{2}$ c. axis 160° . The fellow eye has vision $\frac{20}{20}$, and is emmetropic.

Whether the frequently repeated and long continued suction applied to the eye had anything to do with the change in its shape is a difficult problem to solve. For my own part, I am inclined to think that it did. It is certain that the astigmatism was developed during the period in which the eye was habitually subject to suction. It may be objected that the traction would affect only the loose and yielding eyelids. It seems to me probable, however, that the lips of the child would often make more or less pressure upon the eyeball anterior to its equatorial region. This seems to be borne out by the history of the case, for there seems to have been a slight hemorrhage into the vitreous, probably caused by intermittent pressure upon the globe.

Tinea Tonsurans Accompanied by Alopecia Areata.

The following report of a case, by Alfred Sangster, M.B., occurs in the *Lancet*, July 3, 1880.

J. G., aged seven, according to his mother's statement, first had ringworm about twelve months ago; his sister had ringworm three years ago. The patient came to the out-patient department with well-marked diffuse ringworm (chiefly over the occipital region,) the affected surface being scaly and sparsely covered with hairs, some long, some short and stubble-like. Below and to the left of the superior angle of the occiput was a round patch of alopecia areata about the size of a crown piece. The patch had not quite the typical appearance of the last-mentioned disease, being somewhat pink and to a trifling degree rough; toward its margin were recognized the short, clubbed hairs characteristic of alopecia areata, while immediately beyond, for the greater part of the circumference of the patch, was the ringworm surface before alluded to.

Microscopical examination of such scales and debris as could be scraped from the bald surface showed epithelial scales with a few groups of spores, like ringworm spores. Examination of the clubbed hairs showed them to be highly pig-

mented, almost opaque. As regards the presence of fungus, nothing like the trichophyton was seen, but in such hairs as were less opaque there was a certain granular appearance (Hart. oc. 3; obj. 8 tube out), the granules in places being arranged in wavy lines, as if packed between the fibre-bundles of the hair. The specimens were mounted in glycerine, and still show the above appearances. Abundance of ringworm fungus was found in the hairs in the immediate proximity of the alopecia patch.

In the Pathological Society's Transactions (1874, p. 209), Mr. Waren Tay has recorded a case of alopecia areata associated with ringworm. In his paper similar observations by Hutchinson, Hillier, and Fox are alluded to, so that it would seem that the association is not a remarkably rare occurrence.

In the above-narrated case the presence of spores, like ringworm spores, among the debris scraped from the bald patch, might have been accidental, considering the proximity of the ringworm. However, most observers have found fungus like the trichophyton in the bald patches complicating ringworm. The question then arises, are the bald patches true alopecia areata? bearing in mind how rarely (if ever) fungus is detectable in uncomplicated cases of the latter affection. If true alopecia areata, the further question suggests itself, has this disease any relation to ringworm? And if so, what relation? Mr. Hutchinson has, I believe, long been decided that a relationship exists between the two diseases in question.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—A reprint from the *Virginia Medical Monthly*, for May, 1880, contains an article by Edw. C. Mann, M.D., on "The Brain in Health and Disease."

—Dr. A. B. Watson, of Jersey City, in a neat little pamphlet, discusses "The Proper Period for the Performance of Amputation in Cases of Traumatic Injuries."

—"Medical Ethics" is the subject of a well-written thesis, by A. N. Wylie, M.D., which was read before the Brown County (Ohio) Academy of Medicine, in Ripley, Ohio, February 19th, 1880, and now comes to us in pamphlet form.

—We have received in pamphlet form a reprint from vol. iv of the *Gynecological Transactions*, 1880, containing Clinical Notes on the Elongations of the Cervix Uteri, by William Goodell, A.M., M.D.

—We acknowledge the receipt of the "Second Annual Announcement of the College of Physicians and Surgeons," of St. Joseph, Missouri, and also of the first number of the St.

Joseph *Medical and Surgical Reporter*; edited by J. P. Chesney, M.D. It is a monthly journal, and the subscription price is \$2.00 a year, in advance.

—An essay on "The Time of Conception and Duration of Pregnancy," by George J. Engelmann, M.D., comes to us in the form of a reprint from the *St. Louis Courier of Medicine*, May, 1880.

—The August number of the *United Service*, a monthly review of military and naval affairs, contains numerous interesting articles, among which are: "Collisions at Sea," by Lieutenant Seaton Schroeder, U.S.N.; "Military Landmarks," by Lieutenant James Regan, U.S.A.; "Naval Education," by Lieutenant T. B. M. Mason, U.S.N.; "Employment of Troops in Garrison," by Captain H. C. Cushing, Fourth Artillery; The English Naval Prize Essay, 1880 (concluded), by Capt. the Honorable Edmund R. Treemantle; etc., etc. It is published by L. R. Hamersly & Co., 1510 Chestnut street, Philadelphia. Price 50 cents a copy, or \$5.00 per annum.

BOOK NOTICES.

A System of Medicine. Edited by J. Russell Reynolds, M.D., F.R.S., Professor of the Principles and Practice of Medicine in University College, London; with numerous additions and illustrations by Henry Hartshorne, A.M., M.D., late Professor of Hygiene in the University of Pennsylvania. In three volumes. Philadelphia, Henry C. Lea, Son & Co., 1880. Vol. III, 8vo, pp. 986. Price, per volume, in cloth \$5.00; in leather, \$6.00.

The third volume of this excellent work treats of diseases of the Digestive, Blood-glandular, Urinary, Reproductive and Cutaneous Systems. As in the preceding two volumes, each subject has been treated by some gentleman who is regarded as its highest authority. Chapters on cholera morbus, cholera infantum, trichina spiralis, bronchocele, progressive pernicious anæmia, and spermatorrhœa have been added by the American editor. The numerous illustrations in this, as well as in the preceding volumes, are well executed, and nothing seems to have been left undone to render the work not only one of the most thorough treatises on medicine, but also an ornament to any physician's library. Each volume is furnished with a separate index, and also with a list of the chief authors referred to in each article, and a general index for the three volumes has been appended to volume III.

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THE MEDICAL ASPECTS OF EDUCATION.

IV.—Business Education.

In this country the young man is generally left to choose his own avocation. His selection is usually influenced by the merest chance, as by some casual impression, the presentation of a favorable opening, or by the action of some friend.

There are not wanting defenders of this happy-go-lucky system. We once heard the president of a famous college say, that in his opinion it made little difference what profession a young man chose; if he had the right stuff in him, he would succeed in any; if he had not, he would fail in all. This probably expresses the general American opinion on the subject.

On the other hand, we heard a German professor, who had made the practical science of education his life study, say that a close and skilled observer could almost always detect, at as early an age as fifteen or sixteen, the aptitudes and disqualifications of a boy for the several careers open to him, and that the business or

professional training should begin then, with a definite purpose.

We are more inclined to the latter opinion, as the more philosophical, the more educational of the two. Physical as well as mental factors come into the problem. All arts and handicrafts can only be carried on with good success by those with certain physical requirements.

Many a physician fails through an unready nervous system; many a lawyer through an uncontrollable diffidence. Their lives are made painful and their successes won by extravagant draughts on their powers.

Professor Virchow, in his address on medical education, at Amsterdam, last year, bewailed the absence of the faculty of observation among his medical students. As he expressed it, he would show them something a dozen times, and yet they could not see it. Such men, he pointed out, had chosen the wrong vocation. They were not calculated to succeed as physicians; they should have selected another life-work.

Hereditary tendencies should be considered in selecting a business. Certain trades, certain professions are liable to exaggerate the inborn tendencies to deterioration. Any one would appreciate the danger of a man going into the liquor business who inherits a love for alcoholic stimulants. To a less degree this is true of very many constitutions. The broad distinctions between sedentary and out-door pursuits, between those which are consistent with regular hours and those which involve irregularity, are obvious enough. The nervous and worrying temperament is not well suited for speculative affairs.

How many men in this country break down in middle life? How many you can remember have had to give up this or that pursuit after years spent in its study and practice, because "their health gave way!" It is not altogether because our American life involves greater strain than that in other civilized lands. It is chiefly because the man who succumbs to the demands of a business never was physically fitted for that business, and if his powers had been accurately gauged, should never have gone into it.

Certain avocations are in themselves unhealthy; others involve a certain amount of extra hazardous risk. All are essential to the general development of a country, but the dangers in all can be greatly lessened by a proper selection of the persons who shall enter upon them. A striking example of advance in this direction is presented by the recent investigations into color blindness. It has been found that a rather large percentage of employees on ships and trains are not able to distinguish between the colors used as signal lights. Here is a case where medical science steps in, in an unexpected manner, to prevent danger not only to the individual but also to very many others, by informing him that he is not qualified to fill the duties of the position he occupies.

The uniformity of the methods of education in this country tend to obliterate, to a certain extent, the native individuality of each scholar. It may well be doubted if this is a benefit. In fitting all to be anything, the system runs the risk of disqualifying all to excel particularly in anything. The physician, whose observation is so often directed to the power of idiosyncrasy, would rather recommend that the peculiarities of a scholar be preserved and directed in that channel which will give them their greatest power for good. Muscular power, acuteness of the senses, the nervous equilibrium, the balance of the circulation, and similar plays of function, differ vastly in individuals, and no amount of training can overcome this difference of gifts. They are ancestral heirlooms, not possible wholly to alienate. It would seem most wise to estimate them, and to let them come into the reckoning in the working out such a vital problem as that of the means of subsistence. We ask for them more attention than we are accustomed to bestow in this country.

NOTES AND COMMENTS.

Therapeutical Notes.

TREATMENT OF ERYSIPELAS.

According to the *Dublin Journal of Medical Science*, for May, 1880, Hüter, of Greifswald,

attributes erysipelas to bacteria, and successfully treats it with hypodermic injections of carbolic acid of the strength of three per cent. These should be used when the first symptoms appear, and then two or five injections are sufficient. At the same time the wound should be treated antiseptically, and if it have an unhealthy appearance, a solution of chloride of lime (five or eight per cent.) should be employed.

SALVES OF SALICYLIC ACID IN ECZEMA.

The *Edinburgh Medical Journal*, for May, states that Dr. Von Geuzer recommends their use, in the strength of 4 to 100, in the moist eczemas of children and in intertrigo. Under their use the affected parts soon became dry and the skin paler and scaly.

Foreign Body in the Rectum.

A correspondent, writing from Paris, states, in the *Lancet*, July 3, 1880, that at a recent meeting of the Société de Chirurgie, M. Verneuil showed a block of wood which he had removed from the rectum of a patient. The subject of M. Verneuil's communication is a wood cutter, who has suffered for some years from dysentery, with incontinence of fecal matters. To remedy this he was in the habit of introducing into the bowel a plug of wood wrapped in a linen cloth, of which the ends were allowed to protrude. But on one occasion, having forgotten these appliances, a portion of a branch of a poplar, cut roughly conical with the axe, was made to serve the same purpose. While at work this was suddenly felt to move upward, and in spite of the patient's endeavor to arrest its progress, it disappeared entirely into the rectum. When consulted M. Verneuil was unable to detect any foreign body by digital examination, but palpation revealed the existence of a hard lump, as it seemed, in the sigmoid flexure. He accordingly determined to open the abdominal cavity, to draw out the gut, and incise it, as in the operation for gastrostomy, intending to put in carbolized sutures, and to return it if healthy, but to make an artificial anus if necessary. When, however, the abdomen was opened, it was ascertained that instead of being in the sigmoid flexure, the wood had remained fixed in the upper part of the rectum. It was then found that it could be moved downward, although with great difficulty, and when pressure was made upon it by M. Verneuil from above, M. Lucas-Championnière was able to reach it with the finger through the anus. After some unsuccessful endeavors to pierce and extract it with a gimlet

and forceps, a pince de Museux was disarticulated, and one of the blades used alternately as a level and a tractor. To render this manoeuvre more easy linear rectotomy was practiced with the thermo-cautery, and after considerable trouble, the block of wood was ultimately extracted. An examination of the rectum then showed that the difficulty of removal had been due to an extreme swelling of the mucous membrane to a hard cedema, which was no doubt caused by the obstacle placed in the way of the return circulation by the foreign body. Thanks to an antiseptic, or, to be more precise, a Listerian dressing, the subsequent progress of the case was most satisfactory.

Treatment of Poisoning by Strychnia.

Dr. Q. C. Smith, of Austin, Texas, lays down, in the *Nashville Journal of Medicine and Surgery*, for July, 1880, the following rules for treating cases of strychnia poisoning:—

If the patient is seen in time for an emetic to be of service, give forty grains ipecac—not tartar-emetic, or any irritant emetic—and follow immediately with large draughts of plain, warm water; place the patient in a warm bath and encourage emesis by tickling the fauces. If the patient is already in convulsions, administer chloroform by inhalation until the spasms are subdued, then give the ipecac and warm water. As soon as the emetic has acted give the following:—

R. Hyd. chloral,	℥j-ij
Bromide lithium,	gr. x-℥j
Simple syrup,	℥j. M.
Ft. sol.	

Sig.—Give at one dose, in a little cool, sweet water.

Repeat this dose as often as the case demands. Give the patient frequent small drinks of plain, cool water. Apply a *weak* galvanic current, mobile along up and down the spine and limbs, through a large sponge electrode, moist with warm salt water. These remedies should be continued in such quantities and frequency as to hold the convulsions in abeyance until the poison is eliminated from the system. Strong galvanic currents, oils, acids, or spirituous liquors should not be used. As germane to our subject, we would note the fact that the old California miners, who in early mining days were often closely pressed for food, sometimes ate mushrooms, and occasionally poisoned themselves by partaking of the wrong variety, but found an unfailing antidote by drinking tobacco tea sufficient to cause vomiting. If the tobacco proved alarmingly depressing, warm whisky toddy was given until the crisis was past.

The Antipathic Effects of Tartar-Emetic.

Dr. A. G. Hobbs says, in a communication to the *Indiana Medical Reporter* for June, 1880, that he was first led by accident, rather than by any exercise of reason, to try tartar-emetic in minute doses as an anti-emetic, and that he has since used it successfully in a large number of cases, of several of which he gives the history. He concludes by saying—

“I have used this treatment only when the stomach was empty from long-continued vomiting—when nothing was ejected but a viscid, frothy mucus; in singultus attending low forms of fever this treatment is equally efficacious. I do not offer any *rationale* of this effect of tartar-emetic, because I do not know any, but simply give the results of my own experience during the last three years. May it not be due in a measure to the neutralizing effect of the drug upon the mucous secretion of the stomach, which contains a certain ferment? or may it not be due to a tonic action upon the terminal nerve fibres?”

A Case of Superfoetation.

Dr. D. A. Walden, of Beatrice, Neb., states, in a communication to the *Chicago Medical Journal and Examiner*, for July, 1880, that he was called at 3 o'clock, P.M., on the 19th of April, to see Mrs. G., aged 20, primipara, and married about ten months. After a short but severe labor, she was delivered of a healthy, full-term female child of about five pounds weight. The placenta was delivered without any unusual difficulty. He called on the following morning and found the patient in good spirits and free from pain.

About 9 o'clock P.M., on the 21st, while using the vessel, there passed from her a complete, unruptured sac containing a male foetus and placenta, in appearance of about four months' gestation. The following afternoon saw her in an easy and painless condition.

She has made a rapid recovery, and the child is healthy. Upon questioning her, she stated that she had her menstrual flow for three or four months after she was aware of her pregnancy. A close inspection revealed no evidence of a double uterus.

Drunkenness and Suicides.

The *Medical Times and Gazette* informs us that from statistics collected by a director of an Asylum for Drunkards in Germany, the number of suicides has lately increased in every country in Europe, except Norway only. In Norway there

has been an average of 9 per cent. fewer cases of suicide during the last ten years than in any preceding ten years—a fact which the German writer attributes to the stringent regulations against drunkenness in force there. In most German countries suicides have increased from 90 to 100 per cent. For each million of inhabitants there are, on an average, every year in Saxony 300 cases of suicide, in Denmark 280, in Würtemberg 180, in Mecklenburg 167, in Baden 156, in Prussia 133, in Austria 122, in Bavaria 103, in Sweden 81, in Belgium 73, and in Norway 40.

Priapism in Leucæmia.

Dr. Salzer relates, in *Berl. Klin. Woch.*, No. 11, 1880, the case of a saddler, forty-six years of age, suffering from leucæmia, probably of splenic origin. Without apparent cause he became subject to priapism—at first only of short duration, but which afterward became persistent for six weeks. It was then followed by the opposite condition, one of absolute impotence. Analogous cases of prolonged priapism are to be found in medical literature.

A Monstrosity.

Dr. D. C. Randle, of Crawford, Miss., writes us that on the 17th of May last he delivered a negro woman, in the seventh month of pregnancy, of a female monster, with two well-developed heads and faces on one neck and body. There was only one set of limbs, but two spinal columns, which came together like the letter **U** at the last lumbar vertebra, ending in one sacrum and coccyx.

CORRESPONDENCE.

Puerperal Fever in the Southern States.

ED. MED. AND SURG. REPORTER:—

In the report of the proceedings of the Pennsylvania State Medical Society, as published in the *MEDICAL AND SURGICAL REPORTER*, of June 12, 1880, on page 515, occurs the following paragraph, in an abstract from a paper on Puerperal Septicæmia, read before the Pennsylvania State Medical Society by Dr. W. H. Parrish, of Philadelphia:—

"Malarial fever renders a patient more liable to septic poisoning. Probably both the scarlatina and the malarial poisoning may establish degenerative inflammation in slight wounds of the pelvic tissues, and thus lead to septic poisoning. This, probably, accounts for the greater frequency of puerperal fever in the Southern and malarial States."

In this particular malarial region we have always taken an opposite view of the case, and considered that malaria modified, if it did not altogether exclude, many of the septic poisons.

Among others, we considered ourselves remarkably free from puerperal fever. It will be news to us, therefore, to hear of "the greater frequency of puerperal fever" in this locality than in Northern cities.

I trust, however, that this will prove to be only one of those rash statements, founded rather upon fancy than figures, which have done so much harm to this section of the country, and which upon critical examination may be found to be incorrect.

As a matter of interest, therefore, to your Southern readers, would you not kindly publish the data upon which Dr. Parrish founds this statement? And, as bearing upon this subject, I append a table of the mortality from this disease in this city, from 1854 to 1869, from official sources:—

Year.	Whites.	Blacks.
1854.....	2	...
1855.....
1856.....
1857.....
1858.....	1	...
1859.....	1	...
1860.....
1861.....	3	1
1862.....	1	2
1863.....	3	...
1864.....	2	2
1865.....	...	1
1866.....	4	4
1867.....	2	3
1868.....	3	5
1869.....	3	2
Total.....	25	20

The statistics since 1869 are not so easily accessible, and further, there was undertaken about this year ('69) an extensive system of drainage which has entirely changed the complexion of the prevailing diseases.

It will be noticed that before the war this disease was almost unknown, there having been but four deaths in seven years, and those were among the whites, while there were none among the negroes. The four war years ('61, '62, '63, '64) show a great relative increase, nine whites and five blacks, while in the last four years ('66, '67, '68 and '69) the white mortality from this cause was 12, and that of the blacks 14.

Now, when it is remembered that all this time the malarial character of our diseases was lessening, and much more attention was paid to what is called hygiene, I think some other cause must be sought to account for the great increase of this disease in proportion to its former prevalence, more especially among the negroes, who are least subject to malarial influences.

Savannah, Ga.

R. J. NUNN, M.D.

NEWS AND MISCELLANY.

Regulation of the Sale of Patent Medicines in Japan.

The *British Medical Journal*, July 3, 1880, observes:—

In respect to the sale of patent medicines, we might advantageously take a lesson from the

Japanese. We learn, from the first report of the Central Sanitary Bureau of Japan, just issued, that they have established a public laboratory for the analysis of chemicals and patent medicines. The proprietors of patent medicines are bound to present a sample, with the names and proportion of the ingredients, directions for its use, and explanations of its supposed efficacy. During the year there were no fewer than 11,904 applicants for license to prepare and sell 148,091 patent and secret medicines. Permission for the preparation and sale of 58,638 different kinds was granted, 8,592 were prohibited, 9,918 were ordered to be discountenanced, and 70,943 remained still to be reported on. The majority of those which were authorized to be sold were of no efficacy, and but few were really remedial agents. But the sale of these was not prohibited, as they were not dangerous to the health of the people. If similar regulations were put in force in this country, it is probable that the sale of several patent medicines would be put a stop to.

Growing Fat on Air and Water.

"Dr." Tanner, who is trying to fast for forty days, completed his twenty-first day on July 19th. Up to that date it is alleged that no food had passed his lips, and that, until a few days ago, he had not even taken water except to rinse his mouth with and to bathe. During the time that he abstained from water he lost twenty-four pounds of flesh, and death seemed near, but since he has been taking water freely, it is stated that he has been gaining in weight daily, and that his health has been excellent.

Some of the daily papers contain, at present, numerous stories of similar feats of prolonged fasting, and as he has received a challenge for a fasting match, to come off as soon as he gets into proper trim again, the sporting world will probably have the monotony of walking matches relieved by a fasting match.

QUERIES AND REPLIES.

Dr. J. I. B., of Texas, wishes to know whether there is a *Chlorate of Chromium*, and, if so, whether it is a safe, effectual and comparatively painless caustic.

Ans.—There is, we believe, no such compound in the market; but the *chloride*, or rather the *sesquichloride of chromium*, when used in its crystalline form, finely powdered, is said to be comparatively painless, but we have had no experience with it.

Dr. I. A. F., of Pa.—Simple elixir is prepared by mixing—

B.	Spirit of orange,	5ij
	Spirit of cinnamon,	3℥x
	Alcohol,	3℥v
	Simple syrup,	
	Water,	each 3vj.

Dr. C. G., of Conn.—*Dr. J. N. Page*, of Marshfield, Warren Co., Ind., states that, by following the plan of *Dr. Coover*, as delineated in the *MEDICAL AND SURGICAL REPORTER*, Oct. 11th, 1879, failure will be impossible. He says that he has applied a number of plaster-of-Paris jackets and only two of the silicate of soda jackets, and that he has succeeded so much better with the latter in treating spinal disease, that he never expects to use the plaster-of-Paris again. There is, he says, no

trouble to get the soda to adhere, if you have it the proper consistency. He uses it as thick as he can make it, by adding warm water and keeping it warm while applying it. After it is thoroughly dry, water will not soften it, nor is it liable to crack or crumble. One which he applied to a young boy, last February, has been worn every day since with perfect comfort, and its weight is only a little over two pounds.

Dr. Henry P. Wenzel, of Lima, Miss., writes that, as soon as the silicate is dry, and has "set" perfectly, the jacket should be varnished on both inside and outside. Sweating can be ameliorated in those unfortunates who wear jackets of silicate (or plaster) dressing by strengthening the jacket with long, narrow strips of sheet tin, and when dry, punching the jacket full of small holes, which allow egress to the moisture and ingress of a "little cool air;" then varnish both sides, but keep the holes (punched) open. If the punching is carefully done, there is no danger of breaking or cracking the silicate—at least, in his experience. Also, let the jacket be worn as a corset, and remove it, say once daily, and sponge the covered surface with pure vinegar, and the sweating will be less profuse.

MARRIAGES.

CHAMBERS—MATHER.—At Port Jefferson, L. I., on June 24th, by Rev. W. S. C. Webster, M. L. Chambers, m.d., and Sadie J., daughter of John R. Mather, Esq., all of Port Jefferson.

DUNLAP—THURBER.—In West Lebanon, Vt., May 9th, by Rev. A. B. Rich, d.d., Dr. Wm. H. Dunlap and Mary D. Thurber, of Syracuse, New York.

FINNEY—PHELPS.—At the M. E. Church in Rodman, N. Y., June 9th, 1880, by Rev. C. Phelps, assisted by Revs. A. C. Danforth and M. N. Capron, J. R. Finney, m.d., and Hattie A. Phelps, daughter of the officiating clergyman, all of Rodman, N. Y.

HENRY—MAYNARD.—At Boston, 24th ultimo, by the Rev. W. W. Newton, Dr. Morris H. Henry, of New York, and Mrs. M. L. Maynard, of Boston, Mass.

HERRICK—FORD.—On Thursday, June 17th, 1880, at the residence of the bride's father, by the Rev. William Adams, d.d., Harriet, daughter of John R. Ford, Esq., and Everett Herrick, m.d., all of New York.

HILTON—ABELL.—At the residence of the bride's parents, Antwerp, New York, Thursday, June 17th, by the Rev. J. J. Hough, Archibald L. Hilton and Mary Abby, daughter of Ira H. Abell, m.d.

REESE—LIVINGSTON.—At the home of the bride's father, June 3, 1880, by P. J. Timlow, d.d., assisted by I. M. Gable, Dr. C. I. Reese, of Atglen, Chester county, Pa., and Hattie E. Livingston, of Gap, Lancaster county, Pa.

SALISBURY—RANSOM.—At the residence of the bride's parents, in South Orange, N. J., by the Rev. J. H. Worcester, Jr., Francis B. Salisbury and Mary M., daughter of A. A. Ransom, m.d. No cards.

SHEPHERD—TACKETT.—At Richland, Holmes County, Miss., on Wednesday evening, June 23d, 1880, by Elder Mat. Lyon, Banks A. Shepherd, m.d., and Miss Mollie B., daughter of Judge J. P. Tackett.

VAN VALZAH—VAN VALZAH.—At Spring Mills, Pa., June 23d, 1880, by Rev. J. D. Wilson, d.d., Franklin H. Van Valzah, m.d., and Miss Jennie Van Valzah, all of Spring Mills.

DEATHS.

BRISBANE.—Entered into rest, in this city, July 7th, 1880, William Brisbane, m.d.

EMANUEL.—In this city, July 2d, Manly Emanuel, m.d., eighty-six years of age, ex-president of the Delaware County Medical Society.

LALOR.—At Bow Hill, near this city, on the 4th inst., Mamie J., only daughter of Dr. Wm. S. Lalor, aged 7 years.